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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/524,666 03/13/2000  
which claims benefit of 60/132,593 05/05/1999  
and claims benefit of 60/157,873 10/06/1999  
and is a CIP of 09/524,501 03/13/2000 PAT 7,010,137

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 04/26/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NJ	SHEETS DRAWING 44	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 8
Verified and Acknowledged Examiner's Signature _____ Initials _____				

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## TITLE

Disposable modular hearing aid

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing )
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